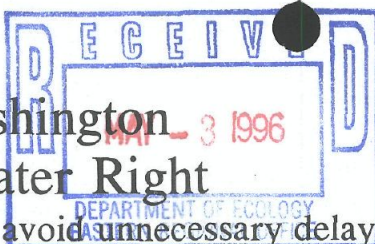


State of Washington

# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use

Fee Paid \$10.00

Date 5-3-96

ck #2027 wk

G329952

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name PAUL B. SULLIVAN & SUE ANN SULLIVAN Home Tel: (509) 545-4665  
Mailing Address 308 EAST "B" CIRCLE Work Tel: (509) 546-2000  
City PASCO State WA Zip +4 99301 + FAX: (509) 546-0669

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Mailing Address \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_ + FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Relationship to applicant \_\_\_\_\_

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (750 gpm) (☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the  
purpose(s) of IRRIGATION. Attach a "legal"  
description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.  
(SEASONAL IRRIGATION OF 70 ACRES)  
Estimate a maximum annual quantity to be used in acre-feet per year: 150

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 4. WATER SOURCE

If SURFACE WATER		If GROUNDWATER						
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:		A permit is desired for <u>(1)</u> well(s).						
Number of diversions: _____								
Source flows into (name of body of water):		Size & depth of well(s): <u>16" DIA. 72 FT. DEEP</u>						
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>2150 FT. SOUTH AND 1300 FT. EAST TO THE CENTER OF SECTION 27</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE 1/4</u>	<u>NW 1/4</u>	<u>27</u>	<u>9N.</u>	<u>31E</u>	<u>WALLA WALLA</u>			
<u>(per location distances above - ck)</u>								
For Ecology Use Date Received: <u>5-3-96</u> Priority Date: <u>5/3/96</u>								
SEPA: <u>Exempt</u> Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>5/16/96</u> By <u>SK</u> Date Returned _____ By _____ WRIA: <u>33</u>								



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## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NONE
- B. Briefly describe your proposed water system. (See instructions.)  
WE HAVE A 72' DEEP WELL WITH A 60 HP PUMP  
DESIGNED TO PUMP 650 GPM @ 60 PSI WITH  
140 FT OF TOTAL HEAD.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION.

G3-28599P (see attached xx)

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 70
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: 70
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



Section 8. WATER STORAGE

G-329952

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

FROM PASCO, WA. DRIVE EAST ON HWAY 12 - CROSS SNAKE RIVER AND TAKE FIRST RIGHT ON HWAY 124. PROCEED 4 MILES TO MILE POST 4 AND TAKE A LEFT ON TITE GRAVEL ROAD 3 POWER POLES PAST MILE POST 4. CONTINUE ON GRAVEL ROAD HEADING DUE NORTH FOR  $\approx$  1.95 MILES. TAKE RIGHT ON DIRT ROAD 50 FT ABOVE RIVER AND CONTINUE FOR 1300 FT. TO PUMP.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Paul D. Sullivan

Applicant (or authorized representative)

4/30/96

Date

Same

Landowner for place of use (if same as applicant, write "same")

Date

I have examined this application as required by SEPA and find that it is: ☐ not an "action".

☒ categorically exempt.

5/16/96  
DATE

S. Kuiper  
SIGNATURE